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Bib Data Sheet

CONFIRMATION NO. 6509

SERIAL NUMBER 09/880,241	FILING DATE 06/13/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. DATA 10 CON CIP						
APPLICANTS Boris Leschinsky, Waldwick, NJ; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/165,333 10/01/1998 ABN WHICH IS A CON OF 08/631,337 04/12/1996 ABN * (*) Data inconsistent with PTO records. ** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/03/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 8						
ADDRESS Datascope Corp. 14 Philips Parkway Montvale, NJ 07645										
TITLE Method and apparatus for treating aneurysms										
FILING FEE RECEIVED 1362	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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